Saskatchewan Health
Saskatchewan Learning

Toward School[PLUS]...

Planning for Health-Related Supports for Children and Youth

October 2004

Saskatchewan Centennial 2005

Government of
Saskatchewan

October 2004

Dear Colleague:

Re: ***Planning for Health Related Supports for Children and Youth***

In response to the renewed energy to enhance integrated service delivery among the human services sectors in our province, we are pleased to provide you with a copy of *Planning for Health Related Supports for Children and Youth in Schools*. This document has been prepared jointly by Saskatchewan Learning and Saskatchewan Health.

The document is designed to assist partners in the learning and health sectors as they work together to enhance the access to supports that will help children and youth develop to their full potential. It includes general information on provincial funding structures, programs and guidelines from our two departments as well as a sample planning tool. It is hoped that improved understanding of each of our systems will contribute to productive, improvement oriented conversations among partners. Recognizing that there are extensive planning processes in place, the planning template is simply offered as another option to facilitate local planning and problem solving. Although the focus of the document is on health related services, the planning template can be adapted for use across human service sectors.

This document is being distributed to all Saskatchewan school divisions and regional health authorities. Please feel free to distribute it as necessary. It can also be found on the Saskatchewan School^{PLUS} and Saskatchewan Health websites at http://www.schoolplus.gov.sk.ca and www.health.gov.sk.ca.

Thank you for your continued commitment in meeting the needs of children, youth and their families.

Sincerely,

Gillian McCreary
Assistant Deputy Minister
Saskatchewan Learning

Duncan Fisher
Assistant Deputy Minister
Saskatchewan Health

Enclosure

INTRODUCTION

The availability of health-related supports for children and youth is an area of concern for children, families, educators and health service providers. Continued collaboration and focused efforts among local partners from the regional health authorities and school divisions will be required to increase the access to and integration of these types of supports.

School^{PLUS} is the Government of Saskatchewan's strategic plan to ensure the well-being and success of every child and young person. The goal of School^{PLUS} is to create the conditions where all children and young people have the opportunity and supports they need to develop to their full potential. A collaborative planning environment is critical to the success of School^{PLUS} and is promoted through the regional Community Service Delivery Mechanisms[1].

PURPOSE OF THE DOCUMENT

To advance collaborative planning, there is a need for common understanding of programs, services and supports currently provided through school divisions and regional health authorities and how they are funded. This document provides both general information on funding and a planning template to assist with collaborative planning at the Community Service Delivery Mechanism table or at any other planning table. Although the program information in the document is specific to the health and learning sectors, readers are encouraged to invite all appropriate stakeholders to participate in the planning process.

The following information outlines provincial funding structures, program information and guidelines from Saskatchewan Health and Learning. It is important to note that there is also local authority over the provision of health and education programs and services. Decisions are made based on assessment of local needs and priorities, and the resources that are available.

The planning template is to assist school divisions and regional health authorities in planning for integrated services to meet the needs of children and youth. It is intended to generate productive, improvement oriented conversations amongst partners, and to be a catalyst for local planning and problem solving. It is acknowledged that there are many planning tools and processes in place, and that communities are at different stages in the planning process. The template is not intended to replace or duplicate existing processes, but is offered as an option.

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[1] Community Service Delivery Mechanisms are being established in regions throughout the province to enhance and integrate services and provide complex case management at the local level. The mechanisms provide a comprehensive array of supports *to all* children, youth and their families in a manner that is integrated, efficient, effective, equitable, collaborative and linked to or based in schools.

HEALTH SERVICES

Saskatchewan Health provides global funding to regional health authorities (RHAs) to provide a range of programs, services and supports according to the needs of their community within the resources they have allocated. The programs are available to individuals of all ages and range from acute care services such as surgical and diagnostic services, to rehabilitation services, to public health services, to home care, and long term care services.

In 2003-04, approximately 65% of the provincial health system funding was allocated to RHAs, and 35% to programs such as medical services, drug plan and extended health benefits, and capital. Of the total RHA funding, about 14% was allocated to community based and primary health services which includes programs such as population health services (e.g. public health nursing, public health inspection, public health nutrition, health promotion, etc.), early child psychology, speech language pathology, mental health and addiction services, problem gambling services, physical and occupational therapy, primary health service sites, health and wellness centers, home based acute and palliative care, emergency response services and salaried/contracted physicians in these program areas. The balance was allocated to acute care services (hospitals, province wide services such as renal dialysis, nuclear medicine, in-patient rehab and mental health) and physician compensation, supportive care services (institutional supportive care and home based supportive care), and central support services (RHA administration, time limited targeted initiatives, capital).

Community based services are often the type of supports required by children and youth with diverse needs. The level of availability varies between regions depending on resource allocation. Brief descriptions of the programs follow.

1. Therapy Services

Therapy services include services provided by physical and occupational therapists, speech language pathologists, rehab assistants and other rehab personnel. With the exception of the north, all health regions have therapy services available to a variable extent. Speech language pathology and early childhood psychology services may also be available through the public health programs in the health regions. Services offered through the health regions include assessment, consultation, ongoing intervention and followup services.

Regina and Saskatoon have the largest specialty children's therapy programs. Historically, children with physical disabilities resulting from conditions such as cerebral palsy or muscular dystrophy made up the majority of clients seen. More recently, the programs have attempted to expand their services to see children with developmental disabilities resulting from conditions such as autism and related conditions.

The programs offer interdisciplinary assessment, ongoing intervention, consultation and followup services. The demand for services has increased significantly in the past ten years without a corresponding increase in staffing. As a result, the programs tend to see young children under 5 years. Older children may be seen on a consultative basis only.

2. Child and Youth Mental Health Services

Each health region offers child and youth mental health services including assessment, treatment and case consultation in addressing the primary mental health needs of children and youth who are acutely ill and/or traumatized, as well as those who are disabled with severe mental health disorders. Their role is to promote, preserve and restore the mental health of children and youth directly through the provision of care and services, and indirectly through the support to other service sectors involved with children and youth and their families.

Priority for service is based on criteria that consider the degree of risk of danger or impairment/injury to self or others, the severity and the impact of mental distress, the relative impact of delayed intervention, and the degree of other formal and informal supports that are in place.

3. Alcohol and Drug Services

Alcohol and drug services are available for youth and their families in all regional health authorities across the province. In addition to providing direct assessment, counselling and intervention services, many agencies are involved in alcohol and drug awareness and prevention programs through the schools and in other milieus. Most large urban centers, such as Regina, Saskatoon, Prince Albert and Swift Current have counsellors devoted specifically to youth chemical dependency. Some community-based organizations, such as the Métis Addictions Council of Saskatchewan Health Inc. (MACSI), also have workers devoted to treating youth addictions. The youth programs are targeted at people aged 12-17.

Community-based services can meet the majority of alcohol and drug problem related needs of youth. Because of the necessity of family involvement in the treatment of youth drug abuse and addiction, alcohol and drug services need to be as close to the "home" as possible.

The Calder Centre Adolescent Program in Saskatoon is Saskatchewan's provincial resource for youth residential treatment services. Twelve beds are devoted to inpatient treatment of youth. Of the 12 youth beds, nine are geared toward services for chemically dependent youth referred through provincial addiction services. Three beds are targeted to high need youth, usually referred through Department of Community Resources and Employment.

As part of its regular programming, the Calder Centre provides services to children and youth who are referred by youth courts and who are being detained under *The Youth Criminal Justice Act*. Calder Centre is staffed by a multi-disciplined clinical team to provide 24-hour chemical dependency recovery services.

4. Home Care

Home care services include assessment and case management, nursing, personal care, respite, home making, meals and minor home maintenance. Home care services are available in all health regions to varying extents. Services are available based on individual assessed need which takes into account the person's needs, the formal and informal supports available to the individual, and the risk to the person and their family. Home care staff often assist with staff training when children in school need assistance with care.

There is a fee for some types of home care services such as personal care, meals and respite.

5. Public Health Nursing

Public health nursing services are available in all health regions. Services meet a broad range of needs in the community in areas such as reproductive health, newborn, baby and child health clinics, communicable disease control, immunization, parenting supports, injury prevention, community development, health education and health promotion.

Public health nurses are involved in schools in their communities by being a resource in areas such as sexual health, smoking cessation, healthy nutrition, active living, providing immunization, and working with students, teachers, and families to address health issues, etc.

6. Saskatchewan Aids to Independent Living (SAIL)

People with long term physical disabilities may be eligible to receive equipment and other supports through the SAIL program. The equipment and services include: loan of mobility aids such as wheelchairs and walkers; financial assistance for home oxygen; artificial limbs and braces; and aids for people who are visually impaired. The program's benefits have limitations. For example there are maximum levels of assistance for consumables such as oxygen or medical supplies and clients are typically eligible for only one of a specific piece of equipment.

7. Supplementary Health Program

This program provides coverage of non-insured health services such as certain dental services, prescription drugs, eye care, foot care and hearing services to low-income residents. Individuals are nominated for supplementary health benefits by Community Resources and Employment, and typically include those receiving social assistance.

8. Family Health Benefits

Lower income working families may be eligible for family health benefits. Children under the age of 18 receive benefits equivalent to supplementary health and adults receive a less extensive range of benefits. Eligibility is established by the Department of Community Resources and Employment.

FUNDING FOR EDUCATION IN SASKATCHEWAN

Supporting diversity within Saskatchewan schools and communities is a shared responsibility. Saskatchewan Learning provides leadership in curriculum, instruction, policy development, program evaluation, financial management and interdepartmental liaison. School divisions establish policies and partnerships at the local level. They are responsible for the development and delivery of appropriate educational programs and services to meet the needs of all students within their jurisdictions.

The Education Act, 1995 and *The Education Regulations, 1986* establish that boards of education are the principal providers of education and ensure that students are provided with educational programs that are consistent with their needs and abilities. Legislation requires that appropriate educational programs be provided to all pupils between the ages of 6 and 22, at no cost to their parents/guardians.

Boards of Education also have the authority to provide special education programming for students from age 3 years who meet criteria as outlined in Section 49 of *The Education Regulations.* This includes students with visual disability, deaf and hard of hearing, intellectual disability, orthopaedic disability, multiple disability and chronic illness.When a board of education does not provide early entrance programming for preschool-aged children with disabilities, the Regional Superintendent of Children's Services, at the request of the parent or guardian, will enroll the student in an appropriate community-based program.

In order to provide programs and services, boards of education receive funds from local revenue (property taxation) and provincial grants determined through the Foundation Operating Grant's formulae. The provincial Foundation Operating Grant to a school division is determined by: (a) calculating the estimated recognized expenditures; and (b) subtracting the recognized local revenues from the recognized expenditures. The balance is the grant payable to the school division from Saskatchewan Learning.

Recognized expenditures are determined by Saskatchewan Learning and include such things as the basic per pupil rate, Core Curriculum actualization, School^{PLUS} implementation, transportation costs, incremental Special Education recognitions, Community Education protocols, Shared Service, and other recognized expenditures.

1. Basic Rates

The Basic Rates are calculated on a per pupil basis and are reviewed annually in relationship to the annual provincial budget process. There are urban and rural recognized rates for each of four levels; kindergarten, elementary, middle and secondary.

The basic rates recognize expenditures for administration, instruction, plant operation and maintenance, non-capital furniture and equipment, non-capital renovations and repairs, current interest expenses and bank charges, and special events transportation.

2. Special Education Incremental Funding

The special education funding recognitions are designed to facilitate access to the curriculum, assist with the provision of appropriate educational programs and services, and to improve the quality of educational programming for students with exceptional learning and behavioural needs and students in vulnerable circumstances. Special Education funding recognitions include:

- Diversity Recognition
- Designated Disabled Pupil Funding
- Children with Intensive Needs in the Care of the Department of Community Resources and Employment
- Technical Aids Cost Recognition
- Special Education Transportation

Some special education funding (e.g., Diversity Recognition) is calculated based on enrollment. Other funding (e.g. Designated Disabled Pupil Funding, Technical Aid Cost Recognition, and Students with Intensive Needs in Care of the Department of Community Resources and Employment) is determined by data submitted annually by school divisions.

Diversity Factor funding recognition is intended to support all aspects of student diversity including students living in vulnerable circumstances, cultural diversity and students with exceptional learning and behavioural needs (e.g. learning disabilities, mild and moderate designated disabilities, gifted learners, speech and language disabilities and social/emotional/behavioural disorders).

School divisions utilize this fund to provide a comprehensive array of programs and supports including:

- assessment
- resource/learning assistance programs
- speech/language services
- classroom supports
- consultative supports
- social skills programming
- counselling
- interagency collaboration
- planning and evaluation at the individual, school and community levels.

Diversity factor is calculated on a per student basis based on the total enrollment. It is acknowledged that not all students will require incremental supports, and that the percentage of students who require additional supports may vary among school divisions.

Designated Disabled Pupil (DDP) funding is calculated based on the data submitted by school divisions by October 15th of each year. This data includes all students registered as of September 30th.

The Designated Disabled Pupil (DDP) funding recognition provides individual funding recognition for students who are receiving intensive educational programs and supports and are identified as: visually impaired, intellectually disabled, orthopaedically disabled, chronically ill, multiply disabled and students who are deaf and hard of hearing as described in Section 49 of *The Education Regulations, 1986.*

This conditional funding recognition is based on the expectation that:

- a Personal Program Plan has been developed with the family and implemented by a school team;
- a qualified special education teacher is involved with developing, monitoring and implementing the Personal Program Plan; and
- additional individualized support is provided.

School divisions may also receive *Fractional Funding* recognition for those students who register and/or are identified following September 30th. School divisions submit this information the following year, and funding recognition is provided for the time period the additional programming and supports were provided.

Funding is also provided for **Children with Intensive Needs In Care of the Department of Community Resources and Employment.** This funding supports programming for children in care who have intensive social, emotional and behavioural needs and are served through school divisions. This incremental funding is conditional on the provision of additional supports and appropriate programs provided by qualified personnel.

A student with intensive needs in care of the Department of Community Resources and Employment is a student who:

- is the responsibility of the Minister of the Department of Community Resources and Employment of Saskatchewan;
- has been identified by qualified personnel as having a severe social, emotional or behavioural disorder; and
- has been recommended for placement in a Therapeutic Foster Care Program, Therapeutic Group Home or Regular Foster Care in situations where Therapeutic Foster Care is unavailable.

This policy does not refer to students in foster care who have not been identified as a student with a severe social, emotional or behavioural disorder, or students in foster care who are not receiving a program and intensive supports of a nature to warrant the incremental funding.

This funding is intended for students who are not eligible for designation under the Designated Disabled Pupil Fund.

Technical Aid Cost Recognition assists school divisions with the purchase of technical aids that allow students with low incidence designated disabilities to gain access to curriculum. Prior approval from Saskatchewan Learning is required, and Saskatchewan Learning retains ownership of the equipment.

Criteria and guidelines for technical aid cost recognition are outlined in *Children's Services Policy 4.6 Technical Aid Cost Recognition*. The technical aid or specialized equipment must assist the student in accessing the educational program in a way that is not otherwise available, and use of the aid must be reflected in the student's Personal Program Plan. This funding is not intended to cover the costs of medical equipment and supplies.

3. School^{PLUS} Community Service Delivery Mechanism/Shared Service

The existing Shared Service program provides the organizational structure and funding recognition for rural boards of education to deliver specialized services to students with diverse needs and to the teachers working with them. Each Shared Service area is comprised of a number of school divisions (excluding urban school divisions in Regina and Saskatoon). Shared Service Management Committees are responsible for identifying needs-based service plans to provide appropriate services for children and youth with diverse needs. Appropriate services include core services such as:

- assessment, educational diagnosis, educational programming and consultation for students with exceptional needs and students living in vulnerable circumstances;
- speech, language, communication and early literacy development; and
- Core Curriculum actualization.

Appropriate services may also include additional supports to address locally determined needs.

In response to the Final Report on the Role of the School and the Education-Health Steering Committee, School^{PLUS} Community Service Delivery Mechanisms (CSDMs) are being established. The CSDMs are intended to provide concrete mechanisms to deliver a range of integrated services in collaboration with other human service departments, community based agencies and community stakeholders to meet students needs. Funding recognition of $22 per student has been allocated to all school divisions (including urban divisions in Saskatoon and Regina) to support CSDM implementation. **This funding is not intended to replace existing services**. Rather, it provides limited funding that can be pooled with resources from other agencies and Government departments to address gaps in service and to build a comprehensive network of services linked to schools and school divisions.

PLANNING FOR HEALTH-RELATED SUPPORTS

The above funding and program descriptions are fairly generic. The type of supports needed by children, youth and their families needs to be determined at the local level. To assist with local planning, the following sample template is offered as a planning tool. It is intended to facilitate discussions between regional stakeholders, to identify needs and gaps, and identify actions to address the gaps as organizations work together to ensure the health related needs of children and youth are met.

The following guidelines and suggestions may be helpful in using the template:

- Success of the planning process is dependent on the active involvement of interested partners.
- Effective planning requires careful consideration of who needs to be invited to the table. The initial step in this process is to identify the key contact people in the health region, the school division, local first nations groups, etc.
- In most situations, there is the opportunity to build on work that has already been done. For example: recent needs assessments conducted by the school division or the health region; or information available from other planning processes such as the Population Health Promotion Strategy or School and Division Improvement Initiative.
- The template may have broader application beyond school and health sectors. It can be used at the system, regional, program, individual level.
- The template is intended to be flexible. The order of the headings, the headings themselves, and the sample questions to facilitate discussion and planning, can be modified to suit your needs.

A completed sample template is also provided to illustrate how the template may be used.

SAMPLE - Planning for Health-Related Supports for Children and Youth - *SAMPLE*

Strengths	Needs	Objective(s) and Priorities	Local Services Provider(s)	Pressures & Issues	Options	Action(s)	Outcomes & Evaluation
What is going well?	What are the pressing needs from the perspective of all the partners (families, school personnel, RHA, service agencies) What has been identified in previous needs assessments? Who was involved?	Where do we want to be? What needs to be in place? Where should we begin?	Who currently offers services that might help to address this need and priority?	What are some of the challenges and barriers? What information do you have? What information do you need? What is the process for sharing the necessary information?	What can I contribute? What can my agency contribute? What could we do together with the resources that we have? Are there resources that could be re-directed? What can be implemented through the learning program and how?	What have we decided? What do we do first? Who is responsible?	What are the outcomes? How will we evaluate our decisions and actions?

SAMPLE - Planning for Health-Related Supports for Children and Youth - *SAMPLE*

Strengths	Needs	Objective(s) and Priorities	Local Services Provider(s)	Pressures & Issues	Options	Action(s)	Outcomes & Evaluation
What is going well?	What are the pressing needs from the perspective of the various partners (families, school personnel, RHA, service agencies) What has been identified in previous needs assessments? Who was involved?	Where do we want to be? What needs to be in place? Where should we begin?	Who currently offers services that might help to address this need and priority?	What are some of the challenges and barriers? What information do you have? What information do you need? What is the process for sharing the necessary information?	What can I contribute? What can my agency contribute? What could we do together with existing resources? Are there resources that could be re-directed? What can be implemented through the learning program and how?	What have we decided? What do we do first? Who is responsible?	What are the outcomes? How will we evaluate our decisions and actions?
There is a strong willingness among the RHA and school division personnel to work together to enhance service. There is agreement among service providers and managers that follow-up and consultation at the school level would benefit the identified students. They also agree that this could help staff become more knowledgeable and help them to prevent and respond to incidents. This is a supportive community that has built in supports for family respite. That is, neighbours and family members help out to give some families a break.	There are increasing numbers of children and youth with mental health disorders, and increasing intensity of needs; for example, intense aggression, recent death threats to others and suicide risk. School division personnel and families are asking for support for students and teachers. Child and Youth Services prioritize individuals with high level needs and risk. They have not yet seen some of the students identified by the schools. There is a need for support for children and youth with mild to moderate mental health needs.	To provide school-based supports for children and youth with mild to moderate needs to prevent escalation of behaviours and needs. To provide professional development and consultative support to school personnel to assist them in responding to student needs. To provide direct support to children and youth with high needs and their families.	Shared Services Area has 1 FTE educational psychologist to serve four school divisions. The psychologist provides some consultation for behaviour disorders; and does not have expertise in mental health disorders. The RHA, through the Child and Youth Mental Health Services provides assessment and intervention for children and youth with high risk needs.	This is a large, sparsely populated geographical area. Travel may be 3 hours to access mental health services in the urban centre. One educational psychologist serves four school divisions. Typically can provide assessment only. Follow-up available in exceptional circumstances. If the family/parents choose not to access the service, the student doesn't get service. There are issues related to the sharing of information on children and youth who are seen by Child & Youth Services. If parents do not provide consent, they are unable to provide specific recommendations to the school personnel. Counsellor in urban centre is able to see most children/youth once and make recommendations. The need for follow-up and consultation has been identified.	Child & Youth Services provide professional development to teachers in the school/school division on specific topics determined through joint planning. Child & Youth Services and the School Division jointly develop a protocol for referring and recognizing high-risk and non-high risk behaviours. Explore what other agencies are available to address specific needs (e.g. can Canadian Mental Health Association provide workshops on topics such as depression?) Are there other initiatives or strategies (e.g. the Population Health Promotion Strategy) that might be able to offer something at the community level to heighten awareness, acceptance and prevention?	**First Priority:** Child & Youth Services provides professional development to teachers in the school/school division on specific topics determined through joint planning. The consultant with the school division will contact Child & Youth Services to establish planning committee. Committee will identify topics and scheduling. **Second Priority:** Child & Youth Services and the School Division jointly develop a protocol for referring and recognizing high-risk and non-high risk behaviours. The psychologist with Child & Youth Services, will take the lead on developing protocol with the school division personnel	School and RHA personnel, students and families are more knowledgeable about mental health disorders, behaviour disorders, and challenging behaviours. Students and families are provided with appropriate supports and services.

Regional Health Authority Contacts

For information on who to contact at the local regional health authority, contact a member of the Joint Committee on Community Based Services listed below.

Regional Health Authority	Name and Position	Contact Information	Address
Sun Country	Janice Giroux Vice President Community Programs Marga Cugnet Vice President of Therapies and Integrated Care	jgiroux@schd.sk.ca Ph: 306-842-8652 Fax: 306-842-8637 mcugnet@schr.sk.ca Ph: 306-842-8729 Fax: 306-842-7237	Box 2003 WEYBURN SK S4H 2Z9 Box 2003 WEYBURN SK S4H 2Z9
Five Hills	Diane Ferguson Coordinator of Primary Health Care	dfer@fhhr.ca Ph: 306-691-2627 Fax: 306-694-0282	455 Fairford Street E. MOOSE JAW SK S6H 1H3
Cypress	Beth Vachon Executive Director Community Services	Beth.vachon@cypressrha.ca Ph: 306-778-5265 Fax: 306-773-9513	429-4th Avenue NE SWIFT CURRENT SK S9H 2J9
Regina Qu'Appelle	John Labatt Vice President Primary Health Care	john.labatt@rqhealth.ca Ph: 766-7807 Fax: 766-7606	2110 Hamilton Street REGINA SK S4P 2E3
Sunrise	Vince Bornyk Executive Director of Community Services	Vince.bornyk@shr.sk.ca Ph: 786-0112 Fax: 786-0122	Park Unit- 270 Bradbrooke Drive YORKTON SK S3N 2K6
Saskatoon	Kelvin Fisher Vice President, Rural Health Services	kfisher@cphd.ca Ph: 306-682-8172 Fax: 306-682-3596	6th Floor, 103 Hospital Drive SASKATOON SK S7N 0W8
Heartland	Lefa Sproxton Vice President Community Services	Ph: 306-882-4111 ext.232 Fax: 306-882-1389	P.O. Box 2110 ROSETOWN SK S0L 2V0
Kelsey Trail	Julie Cleaveley Executive Director Community Health Services	Jcleave.kthr@shin.sk.ca Ph: 306-873-3885 Fax: 306-873-3224	Box 1780 TISDALE SK S0E 1T0
Prince Albert Parkland	Lynnda Berg Vice President of Primary and Community Care	lberg@paphr.sk.ca Ph: 306-883-3300 Fax: 306-883-3700	Box 427 PRINCE ALBERT SK S0J 2M0
Prairie North	Cecile Hunt Vice President Integrated Health Services Glennys Uzelman Vice President Primary Health Services	chunt@pnrha.sk.ca Ph: 306-446-6591 Fax: 306-446-6591 guzelman@bathd.sk.ca Ph: 306 446-6626 Fax: 306 446 4114	1092-107th Street NORTH BATTLEFORD SK S9A 1Z1
Mamawetan Churchill River	Barb Biliske Executive Director Community Services	Barb.biliske@mcrrha.sk.ca Ph: 306 425 4824 Fax: 306 425 5432	Box 6000 LA RONGE SK S0j 1L0
Keewatin Yatthé	Elaine Malbeuf Director of Community Based Services	Elaine.malbeuf@kyrha.sk.ca Ph: 306-288-4820	Box 40 BUFFALOW NARROWS SK S0M 0J0
Athabasca	Evelyn Dupuis Director of Regional Services	edupuis@athabascahealth.ca Ph: 439-2200 ext 269 Fax: 439-2211	Box 124 BLACK LAKE SK S0J 0H0

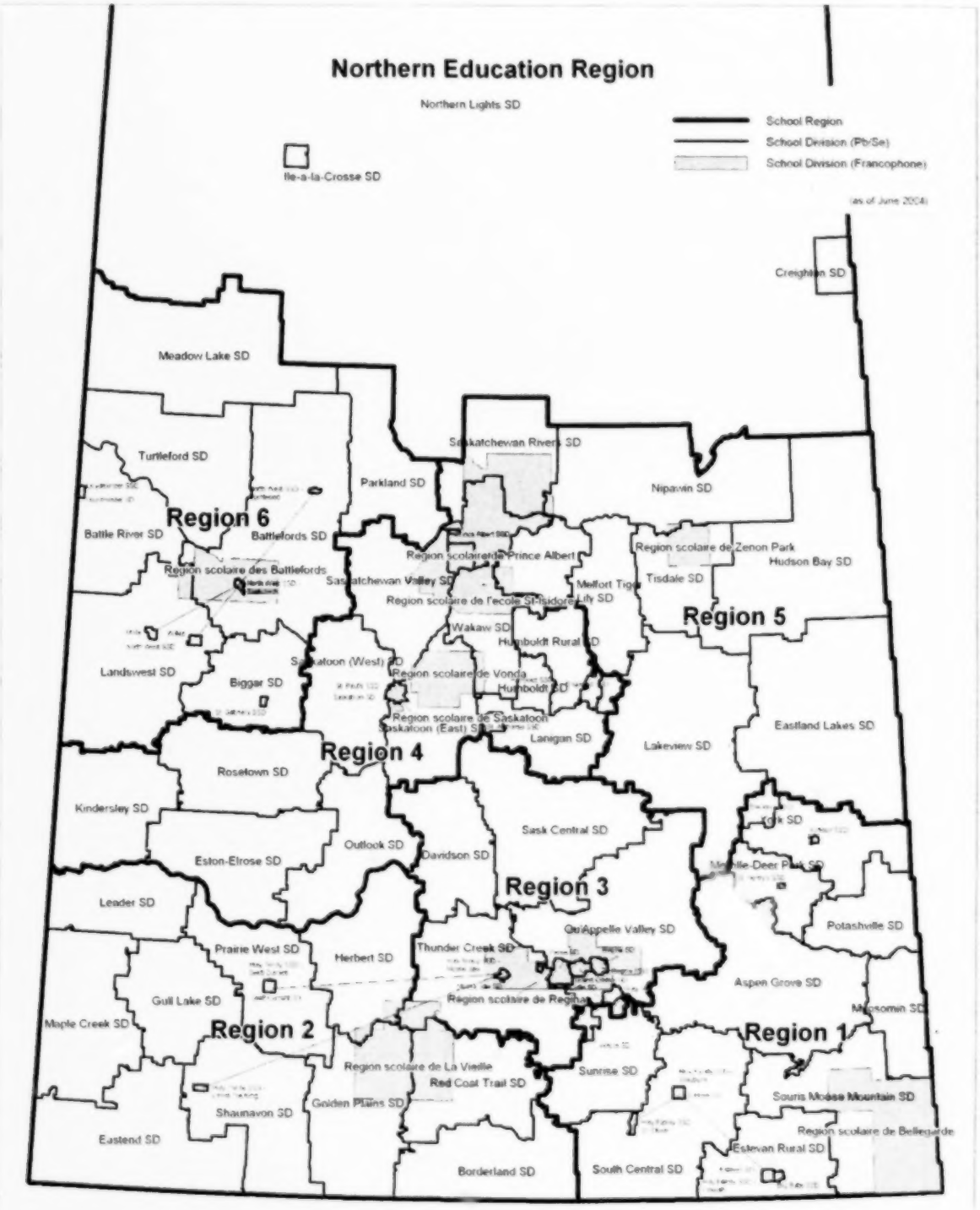
Saskatchewan Regional Health Authorities

Appendix 2

Saskatchewan Learning Regional Office and School Division Contacts

Contact information for school division personnel is available through the Saskatchewan Learning Regional offices as well as the Saskatchewan Association of School Business Officials (SASBO) web site at: http://www.sasbo.com/Directory.html

Region	Name	Position	Contact Information	Address
Region One	Tom Chell	Regional Director	tchell@sasked.gov.sk.ca Phone: 848-2431 Fax: 848-2325	Box 2003 J. Auburn Pepper Building 110 Souris Avenue WEYBURN SK S4H 2Z9
	Shelley Adams	Regional Superintendent of Children's Services	sadams@sasked.gov.sk.ca Phone: 848-2429 Fax: 778-8583	
Region Two	Wanda Biffart	Regional Director	wbiffart@sasked.gov.sk.ca Phone: 778-8249 Fax: 778-8583	350 Cheadle Street West SWIFT CURRENT SK S9H 4G3
	Donna Balas	Regional Superintendent of Children's Services	dbalas@sasked.gov.sk.ca Phone: 778-8251 Fax: 778-8583	
Region Three	Wayne Back	Regional Director	wback@sasked.gov.sk.ca Phone: 787-6075 Fax: 787-6139	4635 Wascana Parkway REGINA SK S4P 3V7
	Catherine Hamblin	Regional Superintendent of Children's Services	chamblin@sasked.gov.sk.ca Phone: 787-6073 Fax: 787-6139	
Region Four	Crandall Hrynkiw	Regional Director	chrynkiw@sasked.gov.sk.ca Phone: 933-5028 Fax: 933-7469	8th Floor 122 – 3rd Avenue North SASKATOON SK S7K 2H6
	Larry McGuire	Regional Superintendent of Children's Services	lmcguire@sasked.gov.sk.ca Phone: 933-5033 Fax: 933-7469	
Region Five	Darlene Thompson	Regional Director	dthompson@sasked.gov.sk.ca Phone: 752-6166 Fax: 752-6168	Box 6500 107 Crawford Avenue East MELFORT SK S0E 1A0
	Judy Cormier	Regional Superintendent of Children's Services	jcormier@sasked.gov.sk.ca Phone: 752-6166 Fax: 752-6168	
Region Six	Dr. Lois Duffee	Regional Director	lduffee@sasked.gov.sk.ca Phone: 446-7435 Fax: 446-7586	1146 – 102nd Street NORTH BATTLEFORD SK S9A 1E9
	Rosemary Beckie	Regional Superintendent of Children's Services	rbeckie@sasked.gov.sk.ca Phone: 446-7436 Fax: 446-7586	
Northern Region	Toby Greschner	Regional Director	tgreschner@sasked.gov.sk.ca Phone: 425-4302 Fax: 425-4383	Box 5000 LA RONGE SK S0J 1L0
	Ray Ramayya	Regional Superintendent of Children's Services	rramayya@sasked.gov.sk.ca Phone 425-4307 Fax: 425-4383	


Northern Education Region
Northern Lights SD
School Region
School Division (Pb/Se)
School Division (Francophone)
(as of June 2004)
Ile-a-la-Crosse SD
Creighton SD
Meadow Lake SD
Turtleford SD
Parkland SD
Nipawin SD
Region 6
Battle River SD
Battlefords SD
Region scolaire des Battlefords
Region scolaire de Prince Albert
Region scolaire de Zenon Park
Hudson Bay SD
Tisdale SD
Melfort Tiger Lily SD
Region 5
Wakaw SD
Humboldt Rural SD
Landswest SD
Biggar SD
Region scolaire de Vonda
Humboldt SD
Region scolaire de Saskatoon
Eastland Lakes SD
Lanigan SD
Lakeview SD
Region 4
Rosetown SD
Kindersley SD
Sask Central SD
Outlook SD
Davidson SD
Eston-Elrose SD
Region 3
Leader SD
Potashville SD
Qu'Appelle Valley SD
Prairie West SD
Herbert SD
Thunder Creek SD
Aspen Grove SD
Gull Lake SD
Region scolaire de Regina
Maple Creek SD
Region 2
Region 1
Sunrise SD
Region scolaire de La Vieille
Red Coat Trail SD
Souris Moose Mountain SD
Golden Plains SD
Shaunavon SD
Eastend SD
Borderland SD
South Central SD
Estevan Rural SD

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